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RESPONSE TRANSMITTAL	Docket No.:	EWV-P005US	Total Pages:	51
	Application No.: 10/007,461			
	Filing Date: 11/05/2001			
	First Named Inventor: Rick Castanho			
	Art Unit: 2151			
	Examiner Name: Backhean Tiv			

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																																	
<p>1. <input checked="" type="checkbox"/> Response to Office Action dated August 9, 2005. <input type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is 3rd Month ; accordingly the appropriate non-small-entity fee is (\$1020.00). <input checked="" type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$510.00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. <input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets:) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th><th>Multiple Dependent Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>-20 or HP=</td><td>x 25</td><td></td><td></td><td></td><td>180</td><td></td></tr><tr><td colspan="7">HP = highest number of total claims paid for, if greater than 20</td></tr></tbody></table> <table border="1"><thead><tr><th>Indep. Claims</th><th>Extra Claims</th><th>Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>-3 or HP=</td><td>x 100</td><td></td><td></td></tr><tr><td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td></tr></tbody></table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p>		Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	-20 or HP=	x 25				180		HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	-3 or HP=	x 100			HP = highest number of independent claims paid for, if greater than 3.			
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